

# Assessment of Primary Health Centres in selected States of Nigeria

Report of findings from Christian Aid Supported Communities in the Federal Capital Territory (FCT)

July 2015



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## List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
AOS	Available on Site
BEmOC	Basic Emergency Obstetric Care
CAID	Christian Aid
CBHIS	Community Based Health Insurance Scheme
CDC	Community Development Committee
CHEW	Community Health Extension Workers
CHIS	Community Health Insurance Scheme
CHO	Community Health Officer
DRF	Drug revolving fund
EPI	Expanded programme on immunization
FCT	Federal Capital Territory, Abuja
FP	Family Planning
Gen.	General
HC	Health Clinic
HIV	Human immunodeficiency Virus
HMIS	Health Management Information System
HP	Health Post
HTN	Hypertension
IMCI	Integrated management of childhood illness
IMPAC	Integrated Management of Pregnancy and Childbirth
IPT	Intermittent Preventive Treatment
IUCD	Intrauterine contraceptive device
JCHEW	Junior Community Health Extension Workers
Lab.	Laboratory
LGA	Local Government Area
Maint.	Maintenance
MCH	Maternal and Child Health
MoH	Ministry of Health
MSS	Midwives Service Scheme
NPHCDA	National Primary Health Care Development Agency
OIC	Officer in Charge
PHC	Primary Health Centre
PMTCT	Prevention of mother to child transmission
RDT	Rapid Diagnostic Test
RPR	Rapid Plasma Reagin
SCHH	Strengthening Community health and HIV
TB	Tuberculosis
VDRL	Venereal Disease Research Laboratory

## Executive summary

Christian Aid (CAID) works in four Nigeria states- Kaduna, Plateau, Benue, Anambra and the FCT to improve the health of poor and marginalized people, particularly women, children and people with compromised immunity. CAID works with its partners in ways that strengthens community-based health systems so as to increase the accessibility, affordability and quality of public and private healthcare.

CAID also work to increase the accountability of duty bearers and the involvement of rights holders in health policy formulation, budget allocation and oversight of primary healthcare facilities in line with national policy.

As part of efforts in strengthening community health systems through quality improvement, accessibility and sustainability of health services, CAID embarked on facility assessments in four (Benue, Anambra, Kaduna and Plateau) states and the FCT where its partners are implementing community health programmes.

This report provides an analysis of the status of health facilities within communities supported by CAID in the FCT (Abuja, Bwari and Kuje Municipal Councils), in the areas of services, infrastructure, human resource capacities etc. in relation to the national standard. The findings of this report would serve as an advocacy tool for engaging relevant government authorities for health care services planning and resourcing.

The assessment involved the use of purposeful sampling method. This assessment covered a total of 10 health facilities in two (2) Area Councils – Bwari (6 facilities) and Kuje (4 facilities)<sup>1</sup>. A total of 40 clients were interviewed in these facilities in-order to access clients' degree of satisfaction with the quality of services rendered to them by these selected health facilities. In addition to these, one Area Council's HOD (health)<sup>2</sup> was also interviewed at the LGA level for understanding of the roles of policymakers also.

The assessment was carried out by a team of researchers using series of quantitative and qualitative data collection tools (either adapted or developed) which included Service Availability and Readiness Assessment (SARA)<sup>3</sup>, Service Availability Mapping – SAM<sup>4</sup> (For both state and LGA level), and client exit interview.

Essentially, this assessment revealed that:

- Among the 10 health facilities assessed in the FCT, 7 appeared to be in good conditions. 1 facility (PHC Guabe) does not require any form of renovations, while amongst others, 3 require major renovations and 5 minor renovations.
- A total of 7 health facilities have access road only 3 of which are tarred. In addition, 3 health facilities (PHC, Guabe; HP, Gbaupe and HP, Zhiko) had no access roads.
- Only PHC Sundaba has ambulance for emergency transportation.

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<sup>1</sup> A total of 3 Area Councils was supposed to be visited for the assessment of their PHCs. However, only two of the three area councils were successful done while the third-Abuja Municipal Council (AMAC) could not be assessed.

<sup>2</sup> 3 HODs were meant to be interviewed, only one (the HOD of Bwari Area Council, Health Department) was available for interview.

<sup>3</sup> World Health Organization-developed SARA tool in October, 2014.

<sup>4</sup> World Health Organization-developed SAM tool in October, 2014

- Furthermore, all the assessed health facilities in the FCT have sources of water supply within the health facility, while only 5 health facilities are connected to the National electricity grid.
- It was observed that of the 10 health facilities assessed; only 2 facilities (PHCs Guabe and Sundaba) have a medical officer available.
- Furthermore, only 2 facilities (PHC, Sundaba and HC, Ushafa) have a pharmacy technician and a medical record officer available in PHC, Sundaba and HC, Barangoni. Environmental officers were not available in any of the facilities.
- Regarding training on basic services, all the facilities reported having at least one staff that has been trained on HIV counselling and testing. Also, almost all the facilities (9) have staff trained on family planning, while only 2 facilities reported having staff trained on the diagnosis of diabetes.
- All the facilities visited were found to be providing antenatal and new-born services in addition to malaria and child health services. All the facilities offer modern methods of family planning especially injectable contraceptives and condoms. However, only 2 facilities provided routine in-patient care to their clients.
- The utilization figures for the services increased over the 4 year period reviewed (2010 – 2014). However, service utilization figures for postnatal care, immunization and under five health care services showed an increase between 2011 and 2013, followed by a decrease in 2014.
- Almost all the clients interviewed across all the facilities expressed satisfaction with the way their health conditions were being explained to them and the privacy accorded them at the times of visit except 1 respondent in PHCs, Pegi and Sundaba respectively.



To this end, it is recommended that:

- Functional and sufficient emergency transportation service should be made available across all the facilities within their defined catchment area. This service should be well structured to include a formal referral network and implementation support.
- All the health facilities should be connected to the national electricity grid for constant supply of electricity and also be provided with alternative power sources (generator or solar) with support for maintenance.
- Capacity to conduct basic investigations should be strengthened amongst staff in addition to considering other quick and effective alternatives like the use of rapid test kits where available and appropriate.
- Appropriate national and state-level structures and agencies (like SURE-P, MSS, NHIS and other initiatives etc. should be fully and effectively engaged to increase client coverage.
- Commodity logistics need to be strengthened through a multi-sectoral approach. For example creation of partnerships between drug stores, community pharmacies etc. to ensure drugs stock-outs are eliminated.
- The delivery and postnatal services, should be improved upon whether the through the use of incentives, conditional cash cashers etc.
- Training (clinical and non-clinical issues) should be provided for all cadres of staff across the health facilities to enhance effectiveness and service efficiency.
- The delivery and postnatal services, should be improved upon whether the through the use of incentives, conditional cash cashers etc.
- Training (clinical and non-clinical issues) should be provided for all cadres of staff across the health facilities to enhance efficiency, effectiveness of health care providers.
- Community structures need to be strengthened to implement structured supervision and feedback mechanisms for health in their various wards. Training (clinical and non-clinical issues) should be provided for all cadres of staff across all the health facilities as it appears that they are often left out in training matters.

## Background

### Federal Capital Territory (Abuja) Profile

Abuja, the Federal Capital Territory is located in the North Central geopolitical zone of the country within latitude 7° 25' N and 9° 20' North of the Equator and longitude 5° 45' and 7° 39' and has an area of 8,000 square kilometres<sup>6</sup>.

It is bounded on the north by Kaduna State, on the west by Niger State, on the east and south-east by Nassarawa State and on the south-west by Kogi State<sup>7</sup>. The 2006 census puts its population at 1,406,239<sup>8</sup> and with a growth rate of 9.3%, projections are set at 3,324,000 by 2015<sup>9</sup>.

Below: Map of Nigeria showing the FCT



### Federal Capital Territory (Abuja) Health Profile

#### Ante-Natal Care (ANC)

Based on National statistics, 88.5% of pregnant women received ante-natal care from a skilled health provider. Furthermore, 70.2% of live births were delivered by a skilled provider. Of all these total live births, 69.1% were delivered in a health facility, while 48.9% and 20.2% were delivered in public and private facilities respectively<sup>10</sup>.

#### Immunization Coverage

A total of 60.9% of children between the ages of 12-23 months received all basic immunizations- BCG, measles, and 3 dose each of DPT and polio vaccine (excluding polio vaccine given at birth)<sup>11</sup>.

#### Malaria and Diarrhoea Diseases

Insecticide treated nets usage is considered the most cost effective way of preventing malaria. In under-5 children, prevalence of malaria and diarrhoea are 12.5% and 5.6% respectively<sup>12</sup>. According to NDHS, 2013, 25.0% of households have at least one LLIN which is lower than the North Central region (48.9%). However, 11.2% of the households in FCT slept under a LLIN the night before the survey which is also lower than that of the North Central region (13.2%).

#### Knowledge of Family Planning and HIV/AIDS

The knowledge of contraception amongst women and men age 15-49 is quite high as 92% of women and 96.7% of men have heard of at least one modern method of contraception. However, only 20.6% of these women use a modern method of family planning. Also, the knowledge of HIV/AIDS is prevalent as 90.4 % of women and 94% of men<sup>13</sup> are aware.

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<sup>5</sup> [http://www.fct.gov.ng/index7732.html?option=com\\_content&view=article&id=45&Itemid=87](http://www.fct.gov.ng/index7732.html?option=com_content&view=article&id=45&Itemid=87)

<sup>6</sup> [http://www.fct.gov.ng/index7732.html?option=com\\_content&view=article&id=45&Itemid=87](http://www.fct.gov.ng/index7732.html?option=com_content&view=article&id=45&Itemid=87)

<sup>7</sup> [http://www.fct.gov.ng/index7732.html?option=com\\_content&view=article&id=45&Itemid=87](http://www.fct.gov.ng/index7732.html?option=com_content&view=article&id=45&Itemid=87)

<sup>8</sup> <http://www.population.gov.ng/index.php/state-population>

<sup>9</sup> <http://nigeria.unfpa.org/abuja.html>

<sup>10</sup> NDHS 2013

<sup>11</sup> NDHS 2013

<sup>12</sup> NDHS 2013

<sup>13</sup> NDHS 2013

## Basic Profile of Facilities Assessed

The assessment covered primary health care facilities located within communities where Christian Aid partners carry out their intervention activities in the FCT. The table below shows the area councils and facilities assessed.

**Table 1: Basic profile of facilities assessed**

Area council	Health Facilities	Type of facility	Operating hours	Sector	Minimum land area	Number of communities they serve	Distance between the facility and the farthest community	Catchment area population
Kuje	PHC, Gaube	Primary Health Centre	24 hours	Rural	-	5	7 km	2,775
	PHC, Pegi	Primary Health Centre	24 hours	Rural	40,000 sqm	6	-	4,000
	PHC, Sundaba	Primary Health Centre	24 hours	Rural	40,000 sqm	7	6 km	14,250
	HP, Gbaupe	Health Post	8am – 4pm (8 hours)	Rural	-	4	19 km	2,090
Bwari	HC, Gaba	Primary Health Clinic	24 hours	Rural	2,500 sqm	5	10 km	250
	HC, Bwari	Primary Health Clinic	6pm – 6pm (12 hours)	Rural	106.5 sqm	5	28 km	3,642
	HP, Zhiko	Health Post	8am - 2 pm (6 hours)	Rural	26.6 sqm	5	10 km	860
	HC, Igu	Primary Health Clinic	24 hours	Rural	250 sqm	4	30 km	9,985
	HC, Ushafa	Primary Health Clinic	24 hours	Rural	10,000 sqm	15	5 km	5,680
	HC, Barangoni	Primary Health Clinic	7am – 2pm (7 hours)	Rural	30,000 sqm	4	12 km	8,955

**Key: PHC- Primary Health Centre, HP – Health Post, NR – No response.**

\*boundary of facility could not be ascertained.

## Key Findings

### Infrastructural and Human Resource Capabilities

#### Infrastructure

Presented in this section is the information on the availability of the various infrastructures required for seamless provision of health care to the respective target populations within the FCT.

Among the 10 health facilities assessed, only 7 (HC, Barangoni; HC, Gaba; PHC, Gaube; PHC, Pegi; PHC, Sundaba; HC, Ushafa, and HP, Zhiko) appeared to be in good conditions. Of this number, only PHC Gaube was found not requiring any form of renovations. However, 5 of the assessed health facilities (HC, Gaba; PHC, Pegi; PHC, Sundaba; HC, Ushafa; and HP, Zhiko) requires minor renovations while 3 others (HC, Bwari; HP, Gbaupe; and HC, Igu) require major renovations.

Furthermore, only 5 out of the 10 health facilities provide accommodation for their staff in line with the requirement of the minimum standard for PHCs in Nigeria. Also, a total of 7 health facilities have access road. However, only 3 of these 7 facilities have their roads tarred. Furthermore, regarding the availability of power, only 5 of the assessed health facilities are connected to the National electricity grid.

In furtherance, all the health facilities assessed in the FCT have at least one main source of water supply within their premises. Among these health facilities, only 3 (HC, Gaba; PHC, Pegi; and HC Ushafa) use motorized borehole as their main source of water. Furthermore, all the health facilities assessed have functional toilet facilities except HP, Gbaupe. (*Please see summary table showing the extent of available infrastructures in the 10 facilities assessed in the state is in the appendix table 1*). In addition, only PHC Sundaba has an ambulance for emergency transportation.

Table 2 below shows the comparison of the facilities' infrastructure with NPHCDA basic standard for health centres in Nigeria.

**Table 2: Comparison of the facilities' infrastructure with NPHCDA basic standard**

Area council	Health Facilities	Classification	Physical infrastructure						Communication			Referral and emergency response		
			Wall in good condition	Roof in good Condition	Have delivery beds	Connected to the national electricity grid	Have an alternative power source	Have motorized borehole	Have functional toilet facilities	Have a functioning mobile telephone	Have a functioning computer	Have access to internet	Ambulance	Bicycle/motorcycle /tricycle
Kuje	PHC, Gaube	Primary Health Centre	✓	✓	✗	✓	✓	✗	✓	✓	✗	✗	✗	✗
	PHC, Pegi	Primary Health Centre	✗	✗	✗	✗	✓	✓	✓	✗	✗	✗	✗	✗
	PHC, Sundaba	Primary Health Centre	✗	✓	✗	✓	✓	✗	✓	✗	✗	✗	✓	✗
	HP, Gbaupe	Health Post	✗	✗	✗	✗	✗	✗	✗	✓	NM	NM	NM	✗
Bwari	HC, Gaba	Primary Health Clinic	✓	✗	✓	✓	✗	✓	✓	✓	NM	NM	NM	✗
	HC, Bwari	Primary Health Clinic	✗	✗	✓	✗	✗	✗	✓	✓	NM	NM	NM	✗
	HP, Zhiko	Health Post	✓	✓	✗	✗	✗	✗	✓	✓	NM	NM	NM	✗
	HC, Igu	Primary Health Clinic	✗	✗	✓	✗	✗	✗	✓	✗	NM	NM	NM	✗
	HC, Ushafa	Primary Health Clinic	✓	✗	✓	✓	✓	✓	✓	✗	NM	NM	NM	✗
	HC, Barangoni	Primary Health Clinic	✓	✗	✓	✓	✓	✗	✓	✗	NM	NM	NM	✗

(✗ - Standard not met, ✓ - Standard met, NM – Not Mandatory)

## Basic Equipment

This subsection outlines the basic equipment available across all the facilities visited in all the CAID supported communities in the FCT.

**Table 3: Basic equipment**

Area council	Health Facilities	Classification	Blood Pressure Machine or Cuff	Stethoscope	Adult weighing scale	Infant scale	Thermometer for measuring body	Light source to ensure visibility	Infusion kits for intravenous solution	Needle holder	Scalpel handle with blade	Retractor	Surgical scissors	Nasogastric Tubes 10-16 FG	Tourniquet	Sutures both absorbable and non-absorbable	Self-inflating bag and mask for resuscitation-adult	Self-inflating bag and mask for resuscitation-paediatrics	Micro-nebulizer	Equipment to measure oxygen saturation	Oxygen distribution system	commodity stock-out in the last one month	
Bwari	HC, Barangoni	Primary Health Clinic	AF	AF	AF	AF	AF	NA	AF	AF	AF	AF	AF	NA	AF	AF	NA	AF	NA	NA	NA	NA	
	HC, Bwari	Primary Health Clinic	AF	AF	AF	AF	AF	AF	AF	AF	AF	AF	AF	AF	AF	AF	NA	NA	NA	NA	NA	NA	
	HC, Gaba	Primary Health Clinic	AF	AF	AF	AF	AF	AF	AF	AF	AF	NA	AF	NA	AF	NA	NA	NA	NA	NA	NA	AF	
	HC, Igu	Primary Health Clinic	AF	AF	AF	AF	AF	NA	AF	AF	NA	NA	NA	NA	AF	NA	NA	AF	NA	NA	NA	AF	
	HC, Ushafa	Primary Health Clinic	AF	AF	AF	AF	AF	AF	AF	AF	AF	NA	AF	NA	AF	AF	NA	NA	NA	NA	NA	NA	AF
	HP, Zhiko	Health Post	AF	AF	NA	AF	AF	NA	AF	AF	AF	NA	NA	NA	NA	AF	NA	NA	NA	NA	NA	NA	NR
Kuje	PHC, Gaube	Primary Health Centre	AF	AF	AF	AF	AF	AF	AF	AF	AF	AF	AF	NA	AF	AF	AF	AF	NR	NR	NA	NA	
	HP, Gbaupe	Health Post	NA	NA	NA	AF	AF	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	AF	
	PHC, Pegi	Primary Health Centre	AF	AF	AF	AF	AF	NA	AF	AF	AF	AF	NA	NA	AF	AF	NR	AF	NA	NA	NA	AF	
	PHC, Sundaba	Primary Health Centre	AF	AF	AF	AF	AF	AF	AF	AF	AF	NA	NA	NA	AF	AF	NA	AF	NA	NA	NA	NA	

\*AF- Available and Functional, NA- Not Available, NR- No Response, Y- Yes, N- No

Across the health facilities assessed in the FCT, blood pressure equipment was available in 9 health facilities. Also, only HP, Gbaupe was without a functional stethoscope. Infant weighing scale was available in all the health facilities while adult weighing scale was also available in all the health facilities except in HP, Zhiko and HP, Gbaupe. Although, thermometer was available in all the health facilities assessed, only 2 facilities (HP, Gbaupe and HP, Zhiko) have tourniquet. The table below shows the comparison of the facilities' basic equipment with NPHCDA standards.

**Table 4: Comparison of the facilities' basic equipment with NPHCDA basic standard**

Area Council	Health Facilities	Classification	Basic equipment											
			Blood pressure machine or cuff	Stethoscope	Adult weighing scale	Infant scale	Thermometer for measuring body temperature	Light source to ensure visibility such as lamp or flash light for patient examination	Needle holder	Scalpel handle with blade	Tourniquet	Sutures both absorbable and non-absorbable	Self-inflating bag and mask for resuscitation-adult (Ambubag)	Self-inflating bag and mask for resuscitation-paediatrics (Ambubag)
Kuje	PHC, Gaube	Primary Health Centre	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓
	PHC, Pegi	Primary Health Centre	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✗	✓
	PHC, Sundaba	Primary Health Centre	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓
	HP, Gbaupe	Health Post	✗	✗	✗	✓	✓	✗	✗	✗	NM	NM	NM	NM
Bwari	HC, Gaba	Primary Health Clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗
	HC, Bwari	Primary Health Clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗
	HP, Zhiko	Health Post	✓	✓	✗	✓	✓	✗	α	α	NM	α	NM	NM
	HC, Igu	Primary Health Clinic	✓	✓	✓	✓	✓	✗	✓	✗	✓	✗	✗	✓
	HC, Ushafa	Primary Health Clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗
	HC, Barangoni	Primary Health Clinic	✗	✓	✓	✓	✓	✗	✓	✓	✓	✓	✗	✓

(✗ - Standard not met, ✓ - Standard met, α – Not mandatory but has it, NM – Not mandatory)

## Human Resources

The human resource capacities of the health facilities assessed were captured to determine the efficiency of health service delivery in the communities.

It was observed that only 2 facilities (PHC, Gaube and PHC, Sundaba) had a medical officer each. Less than half (2) of the assessed facilities (PHC, Sundaba and HC, Ushafa) have a pharmacy technician.

Also, medical record officers were only present in 2 health facilities (PHC, Sundaba and HC, Barangoni) while environmental officers were non-existent across all the facilities.

The table below summarizes the human resource capabilities across all the assessed facilities in the FCT.

**Table 5: Human resources**

Area council	Health Facilities	Classification	Medical officers	Staff Nurse /Midwife	CHO	CHEW	JCHEW	Pharm. Tech.	Lab. Tech.	Environ. officer	Medical Records Officer	Health Attendants	Security personnel	Cleaners (Gen. Maint)	Laundry (Gen. Maint)	Gardeners (Gen. Maint)
<b>Kuje</b>	PHC, Gaube	Primary Health Centre	1	4	0	3	5	0	2	0	0	0	2	2	0	0
	PHC, Pegi	Primary Health Centre	0	6	1	3	1	0	1	0	0	0	1	2	0	2
	PHC, Sundaba	Primary Health Centre	3	10	3	20	5	1	2	0	1	3	1	3	0	0
	HP, Gbaupe	Health Post	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Bwari</b>	HC, Gaba	Primary Health Clinic	0	1	0	2	1	0	0	0	0	0	2	2	0	0
	HC, Bwari	Primary Health Clinic	0	0	1	5	6	0	0	0	0	0	0	2	0	0
	HP, Zhiko	Health Post	0	0	0	0	2	0	0	0	0	0	0	1	0	0
	HC, Igu	Primary Health Clinic	0	4	0	3	0	0	0	0	0	0	2	4	0	0
	HC, Ushafa	Primary Health Clinic	0	4	1	3	2	1	1	0	0	6	0	2	0	0
	HC, Barangoni	Primary Health Clinic	0	1	0	0	2	0	1	0	1	0	0	2	3	0
<b>Total</b>			<b>4</b>	<b>30</b>	<b>6</b>	<b>39</b>	<b>24</b>	<b>2</b>	<b>7</b>	<b>0</b>	<b>2</b>	<b>9</b>	<b>8</b>	<b>20</b>	<b>3</b>	<b>2</b>

In the table below is an outline of the various facilities assessed, their human resources capacities and their comparison with the NPHCDA standards.

**Table 6: Comparison of the facilities' human resources with NPHCDA basic standards**

Area council	Health Facilities	Classification	Medical officers PHC - (1), HC (0)	Staff Nurse/ Midwife PHC - (4), HC – (2)	CHO PHC - (1)	CHEW PHC - (3) HC – (2)	JCHEW PHC - (6) HC – (4)	Pharmacy Tech. PHC - (1)	Lab. Tech. PHC - (1)	Environ. Officer PHC - (1)	Medical Records Officer PHC - (1)	Health Attendants PHC & HC- (2)	Security personnel PHC & HC - (2)	General Maint. Staff (1)
<b>Kuje</b>	PHC, Gaube	Primary Health Centre	✓	✓	✗	✓	✗	✗	✓	✗	✗	✗	✓	✓
	PHC, Pegi	Primary Health Centre	✗	✓	✓	✓	✗	✗	✓	✗	✗	✗	✗	✓
	PHC, Sundaba	Primary Health Centre	✓	✓	✓	✓	✗	✓	✓	✗	✓	✓	✗	✓
	HP, Gbaupe	Health Post	<b>NM</b>	<b>NM</b>	✗	<b>NM</b>	<b>NM</b>	<b>NM</b>	<b>NM</b>	<b>NM</b>	<b>NM</b>	<b>NM</b>	<b>NM</b>	<b>NM</b>
<b>Bwari</b>	HC, Gaba	Primary Health Clinic	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓
	HC, Bwari	Primary Health Clinic	✗	✗	✓	✓	✓	✗	✗	✗	✗	✗	✗	✓
	HP, Zhiko	Health Post	<b>NM</b>	<b>NM</b>	✗	<b>NM</b>	<b>NM</b>	<b>NM</b>	<b>NM</b>	<b>NM</b>	<b>NM</b>	<b>NM</b>	<b>NM</b>	<b>α</b>
	HC, Igu	Primary Health Clinic	✗	✓	✗	✓	✗	✗	✗	✗	✗	✗	✓	✓
	HC, Ushafa	Primary Health Clinic	✗	✓	✓	✓	✗	✓	✓	✗	✗	✓	✗	✓
	HC, Barangoni	Primary Health Clinic	✗	✗	✗	✗	✗	✗	<b>α</b>	✓	✗	<b>α</b>	✗	✓

(✗ - Standard not met, ✓ - Standard met, α – Not mandatory but has it, NM – Not mandatory, PHC – Primary Health centre, HC – Health clinic)



## Training and Capacity Building Needs

The availability of skills required to carry-out specific tasks effectively was analysed across the health facilities assessed in the FCT. Only one facility (HP, Gbaupe) has no trained staff on family planning. Furthermore, only 2 health facilities (HC, Ushafa and PHC, Sundaba) have trained staff on the diagnosis of diabetes. However, all the facilities have trained staff on HIV counselling and testing.

Furthermore, 2 facilities (HC, Gaba and HP, Gbaupe) have no trained staff on antenatal services. Regarding diagnosis and treatment of malaria, almost all the facilities have trained personnel in that regard except 1 (HP, Gbaupe). Training on hypertension diagnosis was only received by staff of 3 facilities (HC, Barangoni; HC, Ushafa; and PHC, Sundaba). (Please see appendix table 2 for detailed findings across the 10 facilities in the state)

**Table 7: Training and capacity building needs**

Training domain	FCT (N=10 facilities) N (%)
Health care waste management practices	7(70.0)
Family planning	9(90.0)
Antenatal care	8(80.0)
Infant and young child feeding counselling	9(90.0)
Basic Emergency Obstetric Care (BEmOC) or Integrated Management of Pregnancy and Childbirth (IMPAC)	5(50.0)
Integrated management of childhood illness (IMCI)	7(70.0)
Expanded programme on immunization (EPI)	10(100.0)
Promotion of proper nutrition and food education	7(70.0)
Modified Life Saving Skills	6(60.0)
Diagnosis and treatment of malaria	9(90.0)
Intermittent Preventive Treatment (IPT) of malaria in Pregnancy	9(90.0)
Diagnosis and treatment of tuberculosis (including case management and tracing)	4(40.0)
HIV & AIDS counselling	10(100.0)
HIV testing	10(100.0)
Prevention of mother to child transmission (PMTCT) of HIV	10(100.0)
Management of TB/HIV co-infection	4(40.0)
Treatment of OIs	6(60.0)
Diabetes diagnosis	2(20.0)
Hypertension diagnosis	3(30.0)
Need for other training needs	7(70.0)

## Status of Available Services

This section expresses the services provided across the 10 facilities within the supported communities within the FCT. It shows the capability of the supported facilities to provide the minimum required services to their catchment communities.

This assessment showed that only 2 facilities (HC, Igu and HC, Ushafa) provide routine in-patient care to their clients. Furthermore, all the facilities offer modern methods of family planning especially injectable contraceptives and condoms. Also, antenatal and newborn services in addition to malaria and child health services are services common to all the facilities.

Regarding HIV and AIDS services, all the facilities except 1 (HP, Gbaupe) offer HIV/AIDS services, only 3 (HC, Igu; PHC, Pegi; and PHC, Sundaba) of which offer youth friendly services. Also, of all the facilities providing HIV and AIDS services, only 2 facilities services offer TB services. (Please see appendix table 3 for detailed findings)

The table below elaborates the available services provided across all the facilities in the state.

**Table 8: Available services**

Available Services	FCT (N=10 facilities) N (%)
Routine in-patient care	2 (20.0)
Availability of dedicated delivery beds	4 (40.0)
Available modern methods of family planning	10 (100.0)
Combined oral contraceptive pills	9 (90.0)
Injectable contraceptives	10 (100.0)
Insertion of IUCD	3 (30.0)
Condoms (male and females)	9 (90.0)
Counselling and motivation for FP uptake	10 (100.0)
Availability of antenatal services	10 (100.0)
Availability of obstetric care services	5 (50.0)
Availability of new-born care services	10 (100.0)
Availability of child health services	10 (100.0)
Availability of malaria services	10 (100.0)
Distributes insecticide treated bed net distribution to patients, their families and households	6 (60.0)
Availability of TB services	2 (20.0)
Facility designated as Directly Observed Treatment centres	2 (20.0)
Availability of HIV & AIDS services	9 (90.0)
Availability of youth friendly services	3 (30.0)
Availability of sexually transmitted infections (STIs) services	8 (80.0)

**Table 9: Comparison of the facilities' available services with NPHCDA basic standard**

Area council	Health Facilities	Classification	Classification											Operating hours (24 hours)	
			ANC	Deliveries	Post-natal	Family planning	Immunization	HIV/AIDS services	STI services	Malaria treatment	TB services	Laboratory Services	Pharmacy section		
Kuje	PHC, Gaube	Primary Health Centre	✓	x	✓	✓	✓	✓	✓	✓	✓	x	✓	✓	✓
	PHC, Pegi	Primary Health Centre	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	x	✓	
	PHC, Sundaba	Primary Health Centre	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	HP, Gbaupe	Health Post	✓	x	✓	✓	✓	x	NM	✓	x	NM	NM	NM	
Bwari	HC, Gaba	Primary Health Clinic	✓	✓	✓	✓	✓	✓	α	✓	x	NM	✓	✓	
	HC, Bwari	Primary Health Clinic	✓	x	✓	✓	✓	✓	α	✓	x	NM	✓	x	
	HP, Zhiko	Health Post	✓	x	✓	✓	✓	✓	NM	✓	x	NM	NM	NM	
	HC, Igu	Primary Health Clinic	✓	✓	✓	✓	✓	✓	α	✓	x	x	x	✓	
	HC, Ushafa	Primary Health Clinic	✓	x	✓	✓	✓	✓	α	✓	✓	NM	✓	✓	
	HC, Barangoni	Primary Health Clinic	✓	✓	✓	✓	✓	✓	α	✓	x	NM	✓	x	

(\* - Standard not met, ✓ - Standard met, α – Not mandatory but has it, NM – Not mandatory)

## Laboratory Services

Laboratory services are one of the service areas considered during the survey. The detailed analysis on the availability of various laboratory tests in all the 10 facilities assessed is presented in this section.

**Table 10: Laboratory services**

Services Laboratory Tests	FCT (N=10 facilities)			
	AOS, from others N (%)	AOS, facility only N (%)	AOfS N (%)	NR N (%)
Glucose – dipstick	0 (0.0)	4 (40.0)	0 (0.0)	1 (10.0)
Glucose - manual method	0 (0.0)	4 (40.0)	0 (0.0)	1 (10.0)
Glucose – glucometer	0 (0.0)	4 (40.0)	0 (0.0)	0 (0.0)
Pregnancy testing by urine rapid test	1 (10.0)	5 (50.0)	1 (10.0)	0 (0.0)
Hemoglobin (Hb) estimation automatic hemoglobinometer	0 (0.0)	7 (70.0)	0 (0.0)	0 (0.0)
Hb estimation by manual method	0 (0.0)	4 (40.0)	0 (0.0)	1 (10.0)
CD4 count – absolute	0 (0.0)	1 (10.0)	0 (0.0)	0 (0.0)
CD4 count – percentage	0 (0.0)	1 (10.0)	0 (0.0)	0 (0.0)
Malaria thick films	0 (0.0)	4 (40.0)	0 (0.0)	0 (0.0)
Malaria thin films	1 (10.0)	3 (30.0)	0 (0.0)	1 (10.0)
Malaria RDTs	2 (20.0)	4 (40.0)	0 (0.0)	0 (0.0)
Concentrated Ziehl-Neelsen (ZN) sputum smears-centrifugation	0 (0.0)	1 (10.0)	0 (0.0)	0 (0.0)
Mantoux test	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Syphilis detection test (VDRL, RPR)	1 (10.0)	3 (30.0)	0 (0.0)	0 (0.0)
Sputum culture for TB diagnosis	0 (0.0)	1 (10.0)	0 (0.0)	0 (0.0)
HIV antibody testing by RDT	2 (20.0)	5 (50.0)	0 (0.0)	0 (0.0)
Hepatitis B testing by RDT	2 (20.0)	4 (40.0)	0 (0.0)	0 (0.0)
Hepatitis C testing by RDT	0 (0.0)	1 (10.0)	0 (0.0)	0 (0.0)

\*AOS – Available on site, AOfS – Available off site, NR – No response

## Under-five Specialized Services

This section speaks to basic under-five services that the facilities in the supported communities provide regularly to under-five children.

**Table 11: Available services for under five children in the FCT**

Available Services	FCT (N=10 facilities) N (%)	
	Yes	NR
Routine Vitamin A supplementation	10 (100.0)	0 (0.0)
Iron supplementation	10 (100.0)	0 (0.0)
Growth monitoring	10 (100.0)	0 (0.0)
Treatment of child malnutrition	9 (90.0)	0 (0.0)
Zinc supplementation	7 (70.0)	0 (0.0)
Immunization services	10 (100.0)	0 (0.0)
Are Measles, DPT-HB, Polio and BCG vaccines available?	10 (100.0)	0 (0.0)

\*NR – No response

## Service Support Programmes and Schemes

The programmes and schemes (donor-funded or government –supported) that are available across the CAID –supported communities and are supporting the health facilities as required are captured in this section.

From the findings, the drug revolving fund (DRF) was found present in 70.0% of the facilities followed by the free MCH with 60.0% availability across the health facilities.

The table below outlines the available scheme/programmes across the facilities in the FCT. (See appendix table 4 for facility-specific details)

**Table 12: Service support programmes (summary in the State)**

Services	FCT (N=10 facilities) N (%)
	Available
Drug revolving fund	7 (70.0)
Free MCH	6 (60.0)
SURE-P MCH	2 (20.0)
MSS	4 (40.0)
Community Based Health Insurance (Fund)	0 (0.0)
Safe Motherhood Demand Side Initiative	4 (40.0)
Other programmes being implemented	0 (0.0)

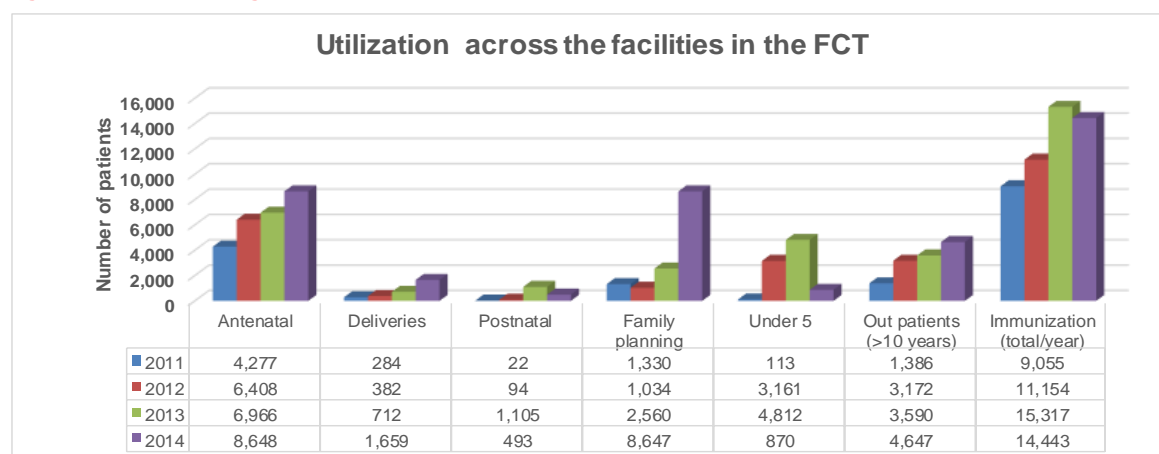
## Utilization and Service Delivery

### Service Utilization Trends

This section shows the progress recorded in the areas of service utilization and uptake of healthcare services across all the facilities assessed the various CAID supported communities in the FCT over a period of 4 years.

The chart below shows the total utilization of the various services across the 10 facilities in the state. (The detailed analysis of utilization across the 10 health facilities in the State is found in the appendix table 5).

**Figure 1: Utilization figures (2011-2014)**



**\*Family planning include new visit and revisits; Out patients include, Adolescents and GOPD**

According to the chart above, the utilization figures for most of the services increased over a period of 4 years. The utilization figures for postnatal, immunization and under five services increased between 2011 and 2013 and decreased in 2014. The utilization of postnatal services increased from 22 in 2011 to 1,105 in 2013 and decreased to 493 in 2014. The number of clients that presented for immunization increased from 9,055 in 2011 to 15,317 in 2013 and then reduced to 14,443 in 2014.

Also, the number of children below 5 years that visited the health facilities increased from 113 in 2011 to 4,812 in 2013 and then decreased to 870 in 2014. (Please see appendix table 5 for facility-specific details)

### Health Management Information System

This section highlights the availability of required documentations for proper running of facilities including HMIS reporting.

**Below:** Files and documents eaten by termites at HC, Igu. Bwari



The table below identifies the availability of the various sources of information for HMIS and Monitoring and Evaluation.

**Table 13: HMIS and M&E report**

Area council	Health Facilities	Classification	Storage Facility for Documents	Disease Notification form	Referral Form	Functional Two-way referral	HMIS Software	Dedicated trainer officer	Availability of essential Drug List	Presence of Pharmacy Section	Shelves in the Pharmacy section	Drugs properly arranged in the Pharmacy	Room Thermometer available	Bin card	Daily dispensing registers	Requisition books	Monthly Pharmaceutical/Laboratory inventory Register	Updated Inventory control/stock cards	Minimum Re-order level for drugs stocked	Experience of Stock-out in the last month
<b>Bwari</b>	HC, Barangoni	Primary Health Clinic	AA	NA	AA	AA	NA	NA	AA	AA	AA	NA	NA	NA	AA	NA	NA	NA	AA	N
	HC, Bwari	Primary Health Clinic	AA	AA	AA	AA	NA	NR	AA	AA	AA	AA	NA	AA	NA	NA	NA	NA	AA	N
	HC, Gaba	Primary Health Clinic	NA	NA	AA	AA	NA	NR	NA	AA	NA	NA	NA	NA	NA	NA	NA	NA	NA	Y
	HC, Igu	Primary Health Clinic	NA	AS	AS	NR	NA	NR	AA	NA	NA	NR	NR	NA	AA	NA	NA	NA	AA	Y
	HC, Ushafa	Primary Health Clinic	NA	AS	AS	AA	NA	NA	NA	AA	AA	AA	NA	AA	NA	NA	NA	AA	AA	Y
	HP, Zhiko	Health Post		NA	AA	NA	NA	AA	AA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
<b>Kuje</b>	PHC, Gaube	Primary Health Centre	AA	AA	AA	AA	NA	NR	AA	AA	AA	AA	NA	NA	AA	NA	NR	NA	NA	NR
	HP, Gbaupe	Health Post	NA	NA	NA	NA	NA	NR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	Y
	PHC, Pegi	Primary Health Centre	AA	AA	AA	AA	NA	NR	AA	NA	NA	NA	NA	NA	NA	NA	NA	AA	NA	Y
	PHC, Sundaba	Primary Health Centre	AA	AA	AA	NA	NA	NA	AA	AA	AA	NA	NA	NA	AA	NA	NA	AA	AA	Y

\*AA – Available and Adequate, AS – Available Sometimes, NA – Not Available, NR – No response, Y – Yes, N – No

Across all CAID supported facilities assessed in the FCT, only HP, Zhiko has HMIS software. However, none of the facilities has the monthly pharmaceutical/ laboratory inventory register. Furthermore, 6 facilities reported that referral forms are always available at all times. In addition, 5 facilities showed the availability of disease notification forms.

However, requisition books and room thermometer are non-existent across all the facilities while only 3 of the facilities assessed did not experience stock-out of drugs in the last 1 month. *(Please see the table above for more details)*

### Availability of Service Registers

The availability of registers were also analyzed across the health facilities assessed in the FCT. The table below highlights the various registers available in across these facilities.

**Table 14: Available service registers**

Area council	Health Facilities	Classification	Outpatient register	Delivery Register	Antenatal Register	New-born register	Family Planning	Under 5 clinic Register	Immunization Register	Inpatient Register	Discharge summary
<b>Bwari</b>	HC, Barangoni	Primary Health Clinic	AA	AA	AA	NR	AA	AA	AA	NR	NR
	HC, Bwari	Primary Health Clinic	AA	AA	AA	NA	AA	AA	AA	NR	NR
	HC, Gaba	Primary Health Clinic	AA	AA	AA	AA	AA	AA	AA	NR	NR
	HC, Igu	Primary Health Clinic	AA	AA	AA	AA	AA	NR	AA	NR	AA
	HC, Ushafa	Primary Health Clinic	AA	AA	AA	NA	AA	AA	AA	AA	AA
	HP, Zhiko	Health Post	AA	AA	AA	NA	AA	NA	AA	NR	NR
<b>Kuje</b>	PHC, Gaube	Primary Health Centre	AA	AA	AA	NR	AA	NR	AA	NR	NR
	HP, Gbaupe	Health Post	AA	AA	AA	NA	AA	NA	AA	NR	NR
	PHC, Pegi	Primary Health Centre	AA	AA	AA	AA	AA	AA	AA	NR	NR
	PHC, Sundaba	Primary Health Centre	AA	AA	AA	AA	AA	AA	AA	AA	NR

\*AA – Available and Adequate, NA – Not Available, NR – No Response

According to the table above, all the facilities assessed in the FCT have outpatient, delivery, antenatal, family planning and immunization registers. *(Please see the table above for more details)*

### Standard Precautions for Infection Control

This section looks at the availability of simple but basic requirements for infection control/prevention. It also shows the capability of the facilities to tackle infection with simple but basic infection prevention commodities/ consumable *(Please see table 15 for details)*



**Table 15: Basic requirements for infection control/prevention**

Area council	Health Facilities	Classification	Wash-hand basins	Soap	Environmental disinfectant such as bleach or alcohol	Protective shoes	Latex gloves	Medical masks	Needles and syringes
Bwari	PHC, Barangoni	Primary Health Clinic	AF	AF	AF	NA	AF	NA	AF
	PHC, Bwari	Primary Health Clinic	AF	AF	AF	NA	AF	AF	AF
	PHC, Gaba	Primary Health Clinic	AF	NA	AF	AF	AF	NA	AF
	PHC, Igu	Primary Health Clinic	AF	AF	NA	AF	AF	NA	NA
	PHC, Ushafa	Primary Health Clinic	AF	AF	AF	AF	AF	AF	AF
	PHC, Zhiko	Health Post	AF	AF	AF	NA	AF	AF	AF
Kuje	PHC, Gaube	Primary Health Centre	AF	AF	AF	AF	AF	AF	AF
	PHC, Gbaupe	Health Post	AF	AF	NA	NA	AF	NA	AF
	PHC, Pegi	Primary Health Centre	AF	AF	AF	AF	AF	AF	NA
	PHC, Sundaba	Primary Health Centre	AF	AF	AF	AF	AF	AF	AF

\*AF- Available and Functional, NA- Not Available, NR- No Response, Y- Yes, N- No

## Other Service Delivery Issues: Client Perspective and Community Involvement

### Clients Perspective

#### Waiting time

This section addresses the perception of clients regarding the quality of services received as it affects waiting time specifically from the facilities across all the CAID supported communities in the FCT. The table below shows how long clients waited.

**Table 16: Waiting time (minutes)**

Area council	Health Facilities	Classification	0 - 30	31 - 60	91 – 120	161 - 190	No response
Bwari	HC, Barangoni	Primary Health Clinic	4	0	0	0	0
	HC, Bwari	Primary Health Clinic	3	1	0	0	0
	HC, Gaba	Primary Health Clinic	4	0	0	0	0
	HC, Igu	Primary Health Clinic	3	0	0	0	1
	HC, Ushafa	Primary Health Clinic	4	0	0	0	0
	HP, Zhiko	Health Post	4	0	0	0	0
Kuje	PHC, Gaube	Primary Health Centre	3	0	0	0	1
	HP, Gbaupe	Health Post	2	0	0	0	2
	PHC, Pegi	Primary Health Centre	3	1	0	0	0
	PHC, Sundaba	Primary Health Centre	1	3	0	0	0
	<b>Total</b>		<b>31</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>4</b>

Most of the respondents (31) claimed they waited for less than 30 minutes while 5 respondents claimed to have waited for more than 30 minutes before being attended to by a health worker.



## Cost of Health Care (NGN)

This section shows the total cost (NGN) of receiving care across all the facilities on the last day of visit. This cost includes registration, drugs and laboratory tests.

**Table 17: Total cost of health care on the day of visit (NGN)**

Area Council	Health Facilities	Classification	0 - 500	501 - 1000	1001 - 1500	1501 - 2000	2001+
Bwari	HC, Barangoni	Primary Health Clinic	0	2	0	0	2
	HC, Bwari	Primary Health Clinic	0	4	0	0	0
	HC, Gaba	Primary Health Clinic	2	1	0	0	1
	HC, Igu	Primary Health Clinic	3	0	0	1	0
	HC, Ushafa	Primary Health Clinic	0	0	2	0	2
	HP, Zhiko	Health Post	1	3	0	0	0
Kuje	PHC, Gaube	Primary Health Centre	3	1	0	0	0
	HP, Gbaube	Health Post	4	0	0	0	0
	PHC, Pegi	Primary Health Centre	1	1	2	0	0
	PHC, Sundaba	Primary Health Centre	2	0	1	0	1
	<b>Total</b>		<b>16</b>	<b>12</b>	<b>5</b>	<b>1</b>	<b>6</b>

According to the table above, 16 respondents reported paying NGN500 and below on health care as at the last time they visited the facility, 12 respondents reported between NGN501 – NGN 1,000 and 5 respondents also reported paying between NGN1, 001 – NGN1, 500. Furthermore, only 6 respondents reported paying above NGN2, 000 on health care at their last visit.

## Perception of Service Delivery

This section looks at how clients see the disposition of health workers towards them at their last visits. Responses received, though varying, were encouraging.

Regarding issues with clients being informed about their identified health conditions, only 1 respondent who had earlier used PHC, Pegi complained of not being informed about her health condition. Furthermore, the availability of privacy during consultation was found not to be a big problem as only 1 respondent who had earlier visited PHC, Sundaba claimed that she was not accorded the required privacy during her last visit to the facility.

Table (18) below illustrates the attitude of health workers across the facilities visited from the clients' point of view.

**Table 18: Attitude of health workers**

Area Council	Health Facilities	Health Facilities	Health workers are courteous and respectful			Health workers explained the condition of clients'			Waiting time to be seen by a health provider is reasonable			Had enough privacy during visit			Health workers spent sufficient amount of time			Opening hours meet the clients' needs			Health workers are thorough and careful			Health workers care about your health			Trust in skills and abilities of health workers			Health workers are friendly and approachable		
			A	D	NR	A	D	NR	A	D	NR	A	D	NR	A	D	NR	A	D	NR	A	D	NR	A	D	NR	A	D	NR	A	D	NR
Bwari	HC, Barangoni	Primary Health Clinic	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	2	2	0	4	0	0	4	0	0	4	0	0	4	0	0
	HC, Bwari	Primary Health Clinic	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0
	HC, Gaba	Primary Health Clinic	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0
	HC, Igu	Primary Health Clinic	4	0	0	4	0	0	1	3	0	3	1	0	4	0	0	3	1	0	4	0	0	2	0	2	3	1	0	4	0	0
	HC, Ushafa	Primary Health Clinic	4	0	0	4	0	0	3	1	0	2	2	0	3	1	0	2	2	0	4	0	0	4	0	0	4	0	0	4	0	0
	HP, Zhiko	Health Post	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0
Kuje	PHC, Gaube	Primary Health Centre	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	3	0	1	3	0	1	3	0	1	3	0	1
	HP, Gbaupe	Health Post	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0
	PHC, Pegi	Primary Health Centre	1	3	0	3	1	0	3	1	0	3	0	0	3	1	0	4	0	0	3	1	0	3	1	0	3	1	0	3	1	0
	PHC, Sundaba	Primary Health Centre	4	0	0	4	0	0	3	1	0	3	1	0	3	1	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0
	<b>Total</b>		<b>37</b>	<b>3</b>	<b>0</b>	<b>39</b>	<b>1</b>	<b>0</b>	<b>34</b>	<b>6</b>	<b>0</b>	<b>35</b>	<b>4</b>	<b>0</b>	<b>37</b>	<b>3</b>	<b>0</b>	<b>35</b>	<b>5</b>	<b>0</b>	<b>38</b>	<b>1</b>	<b>1</b>	<b>36</b>	<b>1</b>	<b>3</b>	<b>37</b>	<b>2</b>	<b>1</b>	<b>38</b>	<b>1</b>	<b>1</b>

## **Community Involvement**

Findings showed that the CDC of Bwari Area Council contributes towards outreach activities being conducted in the communities within its jurisdiction.

As a means of feedback, Bwari area council have a mechanism of communicating challenges, success stories etc. to the FCT from the communities and vice versa. Bwari area council provides feedbacks to the concerned communities mostly through monthly review meetings at the LGA where officers of the various CDCs are invited for feedback<sup>14</sup>.

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<sup>14</sup> Only the HOD of Bwari area council was interviewed in the FCT

## Emerging Issues

### Infrastructure and Human Resource Capacities

#### Infrastructure

Among the health facilities assessed in the FCT, only 3 (HC, Bwari; HP, Gbaupe; and HC, Igu) were found not to be in good conditions. These 3 health facilities including HC, Barangoni require major renovations.

With respect to the minimum standard for PHCs in Nigeria, facilities are required to provide accommodation for their staff only PHC, Sundaba among the PHCs assessed in the FCT do not have accommodation for their staff.

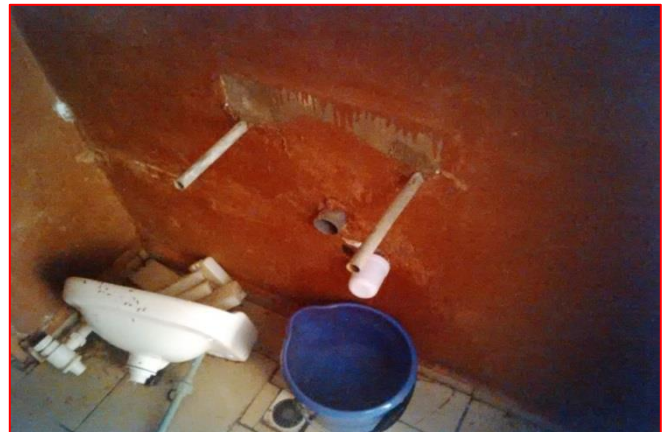
Challenges with power supply were also identified as only half (5) of the health facilities are connected to the national electricity grid. Furthermore, 4 facilities (HC, Bwari; HP, Gbaupe; HC, Igu; and HP, Zhiko) have no power source as they neither have alternative power supply nor are they connected to the national electricity grid.

Regarding the availability of WASH facilities, challenges were also identified only half (5) of the facilities depend on cart with small tank/drum as their source of water while only 3 of the facilities use the NPHCDA –approved motorized borehole. Furthermore, 1 facility (HP, Gbaupe) do not have toilet facilities.

**Below:** The infrastructural state of HC, Igu, Bwari



**Below:** The state of the toilet facility at HC, Igu



#### Human Resources

Inadequate human resource is a critical and cross-cutting challenge across all the facilities. CHEWs and JCHEWs are the most available cadre of staff overall across the 10 PHCs. However, there is a limit to the range of services that this cadre of health workers are authorized to provide.

There is a stark shortage of pharmacy technicians- only 2 facilities each (PHC, Sundaba and HC, Ushafa) have pharmacy technicians and (PHC, Sundaba and HC, Barangoni) have one medical record officer respectively. Also, PHC, Sundaba and HC, Barangoni were also found to have one health attendants each.

Training focus has been in the areas of family planning, ANC, HIV/PMTCT, IPT of malaria, waste management and child services (immunization and infant feeding). Clear gaps in capacity building are in the areas of diagnosis and treatment of TB, diabetes and hypertension diagnoses.

## **Status of Available Services**

Across all the 10 facilities assessed in the FCT, services have been widely and relatively available.

Only 2 facilities (HC, Igu; and HC, Ushafa) were found providing routine in-patient care. Also, HC, Ushafa; and PHC, Sundaba were the only 2 facilities found to be providing some TB services.

Most of the time, laboratory services are not available on-site. In some instances, they are not available on-site and the facility does not have access to the tests off-site either. Examples include CD4 count tests and ZN smears etc. although, Mantoux tests are accessible in most off-site centres.

## **Utilization and Service Delivery**

The utilization figures of some services decreased in 2014. The number of clients for post natal, immunization and under five services increased between 2011 and 2012 and decreased in 2014.

## **Other Service Delivery Issues: Client Perspective and Community Involvement**

Majority of the clients across the 10 facilities trust in the skills and abilities of the health workers stationed at the various facilities assessed. Most of the clients are of the opinion that they enjoyed their encounter with the health workers. Some of the reasons advanced include: health workers are courteous and respectful, during visits, they were always attended to in privacy, and health workers are thorough and careful.

Furthermore, most of the clients across all the assessed facilities reported that on the average they don't wait endlessly (less than 30 minutes) before seeing health workers.

## Recommendations

### Infrastructure and Human Resource Capacities

Create a hub and spoke model for service delivery among facilities. Based on infrastructure and staff availability, certain facilities should be designated for basic out-patient services while others designated (supported and staffed) to provide 24 hour MCH services. Also, monitoring and supervision of facilities should be made regular. This will ensure compliance to NPHCDA and other clinical standards governing service delivery and health care management systems including solid wastes management.

Emergency transportation service should be functional, available and sufficient for facilities within the defined catchment area. These services must be well structured to include a formal referral network and implementation support.

There should be adequate power supply to the health facilities. All the health facilities must be connected to the national electricity grid and also have alternative power sources (generator or solar). All the facilities should be provided with motorized boreholes as their main source of water to ensure compliance with NPHCDA standard and also reduce or prevent contamination and also water-borne infections.

For effective communication, all the facilities should have at least a mobile phone, a computer with access to internet and also trained to use them effectively.

### Status of Available Services

Capacity to conduct basic investigations should be strengthened with the use of rapid test kits where available and especially when client load surges and the staff do not have the expertise to conduct conventional laboratory analysis.

Also, new innovative approaches and technologies such as blood grouping test kits; MCH combo test kits which combine multiple tests (hepatitis, syphilis and blood group required for ANC) should be explored.

Routine in-patient care, TB services and youth friendly services should be made available across all facilities.

Appropriate national and state-level structures and agencies like the SURE-P, MSS, NHIS and other initiatives should be engaged to improve programme coverage.

### Utilization and Service Delivery

Commodity logistics need to be strengthened. Appropriate government structures need to be engaged in this regard to forestall incessant drugs stock-outs. The quality of postnatal, immunization and under-5 services should be improved (the use of incentives could also be explored i.e. a pair of baby cloth for meeting the minimum number of 4 ANC visits and also during delivery at recognized facilities).

Innovative approaches can also be explored in the different LGAs such as community-driven drug revolving funds and structured partnerships with local pharmacies/PPMVs to ensure affordable and regular availability of commodities at the PHC point.

Training (clinical and non-clinical issues) should be provided for all cadres of staff across all the PHCs as it appears that they are often left out in training matters. This will enable them provide service in line with current thinking in the health care space.

### **Other Service Delivery Issues: Client Perspective and Community Involvement**

Community structures need to be strengthened to implement structured supervision and feedback mechanisms for health in their various wards.

The government at the Area Council level should endeavour to always have representatives who will be attending the various CDC meetings in-order to build trust in the government and also encourage community participation & ownership of government health projects put in place for the communities.

## Conclusion

Although service utilization has increased over the years, postnatal, immunization and under five services seem to be declining. Utilization of these services increased between 2011 and 2013 and then decreased in 2014. There is need to make these services attractive to mothers through some incentives like the SURE-P CCT (Conditional Cash Transfer).

Furthermore, issues related to facility structures, health worker-client ratios, availability of functional equipment etc. require urgent attention so as to draw the attention of the people back to the PHCs for basic services. These insufficiencies even become more worrisome when compared with the minimum standards set by the NPHCDA for PHCs, HCs and HPs in Nigeria.

Emergency transportation systems, which can support the referral system, can enhance the utilization of available services and consequently shoot up service-utilization figures is almost non-existent across all the facilities assessed in the FCT. If this is also addressed, service utilization will pick-up again especially in areas like ANC, Deliveries and Postnatal services.

Medical outreaches to hard-to-reach communities should be well-structured and also done frequently; this will help the health workers to work directly with the community members and will also increase service utilization in the health facilities.

The level of confidence shown in the health workers by the clients shows that client relations is its best at the PHC level. However, shortage of staff will erode these good traits when workload increases or when challenging situation presents that health workers do not have expertise to handle. Therefore, continuous training and increment of the human resources capacity of these facilities would be a source of motivation for quality and efficient service delivery.

Generally, the overall status of the assessed facilities and the services they currently provide are encouraging but still require support to be able to deliver the required basic care and also meet up with the national basic standards for PHCs, HCs and HPs in Nigeria.



## Appendix

### Facility-specific Tables

Appendix table 1: Infrastructure and management

Health Facilities	Classification	Does this facility provide accommodation for staff in line with the minimum standard for PHC in Nigeria	Does the facility have a functioning mobile telephone either private or supported by the facility?	Access Roads		Is there a sign post of the facility outside the building?	Does the building appear to be in good condition?	Renovations Required	Electricity Source		Water Source	Toilet Facility Type
				Available?	Tarred?				Central Grid	Others		
HC, Barangoni	Primary Health Clinic	N	N	Y	Y	N	Y	NR	Y	FG	C	PS
HC, Bwari	Primary Health Clinic	N	Y	Y	N	Y	N	MR	N	No	C	F
HC, Gaba	Primary Health Clinic	Y	Y	Y	N	Y	Y	mR	Y	No	MBH	PS
PHC, Gaube	Primary Health Centre	Y	Y	N	N	Y	Y	No	Y	FG	PFG	F
HP, Gbaupe	Health Post	N	Y	N	N	Y	N	MR	N	No	C	No
HC, Igu	Primary Health Clinic	Y	N	Y	N	Y	N	MR	N	No	PF	PS
PHC, Pegi	Primary Health Centre	Y	N	Y	N	Y	Y	mR	N	FG	MBH	F
PHC, Sundaba	Primary Health Centre	N	N	Y	Y	Y	Y	mR	Y	FG	C	F
HC, Ushafa	Primary Health Clinic	Y	N	Y	Y	Y	Y	mR	Y	FG	MBH	PS
HP, Zhiko	Health Post	N	Y	N	N	N	Y	mR	N	No	C	F

**Key:**

BH- Bore Hole, DW- Dug Well, F- Flush, FG- Fuel Generator, MR- Major Renovation, mR- Minor Renovation, N- No, No- None, NR- No Response, C- Cart with small tank/drum, PF – Piped into facility, PFG- Piped into facility grounds, PL- Pit Latrine, PS- Piped Sewer/ Septic Tank, RW- Rain Water, SS- Solar, Y- Yes

Appendix table 2: Training guidelines

Area council	Health Facilities	Classification	Health care waste management practices	Family planning	Antenatal care	Infant and young child feeding counseling	Basic Emergency Obstetric Care (BEmOC) or Integrated Management of Pregnancy and Childbirth (IMPAC)	Integrated management of childhood illness (IMCI)	Expanded programme on immunization (EPI)	Promotion of proper nutrition and food education	Modified Life Saving Skills	Diagnosis and treatment of malaria	Intermittent Preventive Treatment (IPT) of malaria in Pregnancy	Diagnosis and treatment of tuberculosis (including case management and tracing)	HIV & AIDS counseling	HIV testing	Prevention of mother to child transmission (PMTCT) of HIV	Management of TB/HIV co-infection	Treatment of OIs	Diabetes diagnosis	Hypertension diagnosis	Do you or members of staff have any other training needs
Bwari	HC, Barangoni	Primary Health Clinic	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	N	Y	Y
	HC, Bwari	Primary Health Clinic	Y	Y	Y	Y	N	Y	Y	Y	N	Y	Y	N	Y	Y	Y	N	Y	N	N	Y
	HC, Gaba	Primary Health Clinic	NR	Y	N	N	N	N	Y	N	N	Y	Y	N	Y	Y	Y	N	N	N	N	Y
	HC, Igu	Primary Health Clinic	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	Y
	HC, Ushafa	Primary Health Clinic	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N
	HP, Zhiko	Health Post	Y	Y	Y	Y	N	Y	Y	Y	N	Y	Y	N	Y	Y	Y	N	N	N	N	Y
Kuje	PHC, Gaube	Primary Health Centre	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	N	N	N
	HP, Gbaupe	Health Post	Y	Y	N	Y	N	N	Y	N	N	N	N	N	Y	Y	Y	N	N	N	N	NR
	PHC, Pegi	Primary Health Centre	N	N	Y	Y	Y	N	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	Y
	PHC, Sundaba	Primary Health Centre	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

\*Y – Yes, N – No, NR – No Response,

**Appendix table 3: Available services across the facilities visited in the FCT**

Area council	Health Facilities	Classification	Routine in-patient care	Availability of dedicated delivery beds	Available modern methods of family planning	Combined oral	Injectable contraceptives	Insertion of IUCD	Condoms (male and	Counselling and motivation for FP uptake	Availability of antenatal services	Availability of obstetric care services	Availability of newborn care services	Availability of child health services	Availability of malaria services	Distributes insecticide treated bed net distribution to patients, their families and households	Availability of TB services	Facility designated as Directly Observed Treatment centres	Availability of HIV & AIDS services	Availability of youth friendly services	Availability of sexually transmitted infections (STIs)	Availability of laboratory services (e.g. collection of specimens, laboratory tests, and rapid diagnostic tests?)
<b>Bwari</b>	HC, Barangoni	Primary Health Clinic	N	NR	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	Y	N	Y	Y
	HC, Bwari	Primary Health Clinic	N	Y	Y	Y	Y	N	Y	Y	Y	N	Y	Y	Y	Y	N	N	Y	N	Y	N
	HC, Gaba	Primary Health Clinic	N	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	N	N	Y	N	Y	N
	HC, Igu	Primary Health Clinic	Y	Y	Y	N	Y	N	N	Y	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	N
	HC, Ushafa	Primary Health Clinic	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	N	Y	Y
	HP, Zhiko	Health Post	N	NR	Y	Y	Y	N	Y	Y	Y	N	Y	Y	Y	N	N	N	Y	N	N	N
<b>Kuje</b>	PHC, Gaube	Primary Health Centre	N	NR	Y	Y	Y	N	Y	Y	Y	N	Y	Y	Y	Y	N	N	Y	N	Y	Y
	HP, Gbaupe	Health Post	N	NR	Y	Y	Y	N	Y	Y	Y	N	Y	Y	Y	N	N	N	N	N	N	NR
	PHC, Pegi	Primary Health Centre	N	NR	Y	Y	Y	NR	Y	Y	Y	Y	Y	Y	Y	N	N	N	Y	Y	Y	Y
	PHC, Sundaba	Primary Health Centre	N	NR	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

\*Y – Yes, N – No, NR – No Response,

**Appendix table 4: Services Support Programmes**

Area Council	Health Facilities	Classification	Drug revolving fund	Free MCH	SURE-P MCH	MSS	Community Based Health Insurance (Fund)	Safe Motherhood Demand Side Initiative	Other programmes being implemented
<b>Kuje</b>	PHC, Gaube	Primary Health Centre	Y	Y	N	Y	N	Y	N
	PHC, Pegi	Primary Health Centre	N	Y	Y	N	N	N	N
	PHC, Sundaba	Primary Health Centre	Y	N	N	N	N	N	N
	PHC, Gbaupe	Health Post	N	Y	N	N	N	N	N
<b>Bwari</b>	PHC, Gaba	Primary Health Clinic	Y	N	N	Y	N	Y	N
	PHC, Bwari	Primary Health Clinic	Y	Y	Y	N	N	Y	N
	PHC, Zhiko	Health Post	N	Y	N	N	N	Y	N
	PHC, Igu	Primary Health Clinic	Y	N	N	Y	N	N	N
	PHC, Ushafa	Primary Health Clinic	Y	N	N	Y	N	N	N
	PHC, Barangoni	Primary Health Clinic	Y	Y	N	N	N	N	N

\*Y – Yes, N – No, NR – No Response

**Appendix table 5: Utilization figures over 4 years**

**Utilization for 2011**

Area Council	Health Facilities	Classification	Ante-natal	Deliveries	Post-natal	Family planning (New clients)	Family planning (Revisits)	Under 5	Adolescents (10 – 19 years)	GOPD (20 years & above)	Immunization (total/year)	Food demonstration	Total (2011)
<b>Kuje</b>	PHC, Gaube	Primary Health Centre	193	37	0	13	16	0	110	581	138	0	1,088
	PHC, Pegi	Primary Health Centre	12	0	0	0	34	0	0	137	0	0	183
	PHC, Sundaba	Primary Health Centre	3,335	224	1	51	136	0	0	0	7,334	0	11,081
	HP, Gbaupe	Health Post	44	6	0	2	3	31	6	0	53	0	145
<b>Bwari</b>	HC, Gaba	Primary Health Clinic	86	0	0	35	124	0	0	435	69	0	749
	HC, Bwari	Primary Health Clinic	0	0	0	0	594	0	0	0	0	0	594
	HP, Zhiko	Health Post	14	0	0	15	2	8	6	18	118	0	181
	HC, Igu	Primary Health Clinic	50	13	0	4	5	16	0	0	596	0	684
	HC, Ushafa	Primary Health Clinic	479	0	0	61	177	0	0	0	0	0	717
	HC, Barangoni	Primary Health Clinic	64	4	21	29	29	58	25	68	747	170	1,215
	<b>Total</b>		<b>4,277</b>	<b>284</b>	<b>22</b>	<b>210</b>	<b>1,120</b>	<b>113</b>	<b>147</b>	<b>1,239</b>	<b>9,055</b>	<b>170</b>	<b>16,637</b>

**38 : Report of findings from Christian Aid Supported Communities in the Federal Capital Territory (FCT)**

**Utilization for 2012**

Area Council	Health Facilities	Classification	Ante-natal	Deliveries	Post-natal	Family planning (New clients)	Family planning (Revisits)	Under 5	Adolescents (10 – 19 years)	GOPD (20 years & above)	Immunization (total/year)	Food demonstration	Total (2012)
Kuje	PHC, Gaube	Primary Health Centre	210	63	0	10	42	246	106	842	109	0	<b>1,628</b>
	PHC, Pegi	Primary Health Centre	163	22	0	32	64	87	53	73	130	0	<b>624</b>
	PHC, Sundaba	Primary Health Centre	3,713	231	16	89	60	2,143	422	751	7,622	0	<b>15,047</b>
	HP, Gbaupe	Health Post	69	2	0	7	4	12	8	7	21	0	<b>130</b>
Bwari	HC, Gaba	Primary Health Clinic	106	0	0	19	76	0	0	543	187	0	<b>931</b>
	HC, Bwari	Primary Health Clinic	0	0	0	0	0	469	0	0	0	0	<b>469</b>
	HP, Zhiko	Health Post	32	2	2	15	18	37	26	50	237	0	<b>419</b>
	HC, Igu	Primary Health Clinic	206	60	0	10	16	167	70	221	471	0	<b>1,221</b>
	HC, Ushafa	Primary Health Clinic	1,849	0	52	72	322	0	0	0	0	0	<b>2,295</b>
	HC, Barangoni	Primary Health Clinic	60	2	24	139	39	0	0	0	2,377	200	<b>2,841</b>
	<b>Total</b>		<b>6,408</b>	<b>382</b>	<b>94</b>	<b>393</b>	<b>641</b>	<b>3,161</b>	<b>685</b>	<b>2,487</b>	<b>11,154</b>	<b>200</b>	<b>25,605</b>

**Utilization for 2013**

Area Council	Health Facilities	Classification	Antenatal	Deliveries	Postnatal	Family planning (New clients)	Family planning (Revisits)	Under 5	Adolescents (10 – 19 years)	GOPD (20 years & above)	Immunization (total/year)	Food demonstration	Total (2013)
Kuje	PHC, Gaube	Primary Health Centre	280	56	0	15	42	287	147	884	98	0	<b>1,809</b>
	PHC, Pegi	Primary Health Centre	499	78	0	39	22	174	50	100	218	0	<b>1,180</b>
	PHC, Sundaba	Primary Health Centre	4,240	339	737	527	269	3,192	424	813	10,374	0	<b>20,915</b>
	HP, Gbaupe	Health Post	44	10	0	0	2	15	9	12	227	0	<b>319</b>
Bwari	HC, Gaba	Primary Health Clinic	248	29	0	59	240	406	0	279	262	0	<b>1,523</b>
	HC, Bwari	Primary Health Clinic	503	10	0	96	222	497	106	149	370	0	<b>1,953</b>
	HP, Zhiko	Health Post	28	2	1	110	80	28	21	27	249	0	<b>546</b>
	HC, Igu	Primary Health Clinic	174	73	0	18	15	140	105	242	225	0	<b>992</b>
	HC, Ushafa	Primary Health Clinic	761	112	339	261	380	15	42	91	2,462	0	<b>4,463</b>
	HC, Barangoni	Primary Health Clinic	189	3	28	91	72	58	49	40	832	0	<b>1,362</b>
	<b>Total</b>		<b>6,966</b>	<b>712</b>	<b>1,105</b>	<b>1,216</b>	<b>1,344</b>	<b>4,812</b>	<b>953</b>	<b>2,637</b>	<b>15,317</b>	<b>0</b>	<b>35,062</b>

**40 : Report of findings from Christian Aid Supported Communities in the Federal Capital Territory (FCT)**

**Utilization for 2014**

Area Council	Health Facilities	Classification	Ante-natal	Deliveries	Post-natal	Family planning (New clients)	Family planning (Revisits)	Under 5	Adolescents (10 – 19 years)	GOPD (20 years & above)	Immunization (total/year)	Food demonstration	Total (2014)
Kuje	PHC, Gaube	Primary Health Centre	386	69	0	33	37	504	15	756	132	0	<b>1,932</b>
	PHC, Pegi	Primary Health Centre	863	109	0	42	248	331	81	122	208	0	<b>2,004</b>
	PHC, Sundaba	Primary Health Centre	5,401	1,246	162	267	621	1,714	399	919	9,511	0	<b>20,240</b>
	HP, Gbaupe	Health Post	106	8	0	10	7	10	9	8	133	0	<b>291</b>
Bwari	HC, Gaba	Primary Health Clinic	116	54	0	68	411	356	0	1,168	442	0	<b>2,615</b>
	HC, Bwari	Primary Health Clinic	423	15	0	153	439	445	154	216	308	0	<b>2,153</b>
	HP, Zhiko	Health Post	55	4	2	90	155	76	95	215	252	0	<b>944</b>
	HC, Igu	Primary Health Clinic	143	53	0	8	8	78	46	110	218	0	<b>664</b>
	HC, Ushafa	Primary Health Clinic	1,009	92	308	312	5,540	16	46	148	3,063	0	<b>10,534</b>
	HC, Barangoni	Primary Health Clinic	146	9	21	80	118	40	25	115	176	0	<b>730</b>
	<b>Total</b>		<b>8,648</b>	<b>1,659</b>	<b>493</b>	<b>1,063</b>	<b>7,584</b>	<b>3,570</b>	<b>870</b>	<b>3,777</b>	<b>14,443</b>	<b>0</b>	<b>42,107</b>



## List of Respondents

Name	Designation	Phone Number
<b>Christiana. Z. Arewa</b>	SCHEW	08035702510
<b>Rebecca Adeyanju</b>	RN/M	08028997927, 07030087498
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<b>Iyabo. O. Balogun</b>	CNO	08034511430
<b>Danladi Kaura</b>	HCHEW	08120994581
<b>Gambo Emmauel</b>	Health Worker	08161632015
<b>Ibah Makks</b>	Assistant Director, PHC	08033573201
<b>Lami Sayi</b>	J CHEW	08073812362
<b>Dr. Yama Veronica</b>	H.O.D Health	08035956170
<b>Bala Ibrahim</b>	H .CHEW	07045351110
<b>Chris. S. Allahmans</b>	CHEW	08188615355

## Photos

**Below:** The sign post of HC, Igu in Bwari Area Council FCT



**Below:** The front view of HC, Gaba in Bwari Area Council



**Below:** The infrastructural state of HC, Igu, Bwari



**Below:** Medical waste disposal section of HC, Igu, Bwari



**Below:** The front view of HC, Ushafa, Bwari



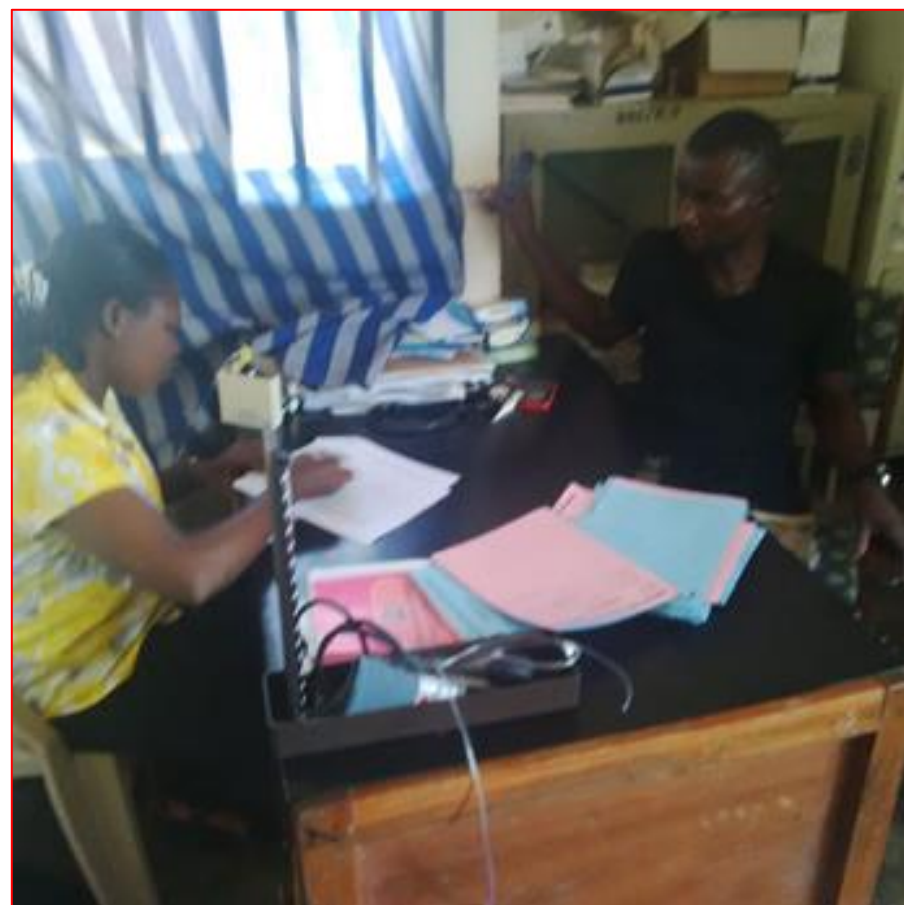
**Below:** Primary Health Clinic Bwari



**Below:** HC, Ushafa, Bwari Area Council



**Below:** Interviewer with a CHEW at HC, Bwari



**This report summarizes the findings of the Assessment of Primary Healthcare Centres located in Christian Aid Supported Communities in the Federal Capital Territory with financial and technical assistance from Christian Aid Nigeria Country Programme. The opinions expressed in this report are those of the authors and contributors and do not necessarily reflect the views of Christian Aid. Christian Aid is not liable for damages arising from interpretations and use of this material by a reader.**

